	UNIFORM HAZARDOUS 1. Generator's US EF WASTE MANIFEST 1. Generator's US EF		anifest ment No.	2. Pag 1 of	j is not law	require	e shaded areas d by Federal
3.	190th & Normandie - Torrance, Ca 9060	Return to Gene	A State Manufest Document Number B. State Generator's ID C. State Transporter's ID D. Transporter's Phone (213) 260-313 E. State Transporter's ID F. Transporter's Phone				
4. 5.	Generator's Phone (213) 533-60// Transporter 1 Company Name J. C. Liquid Waste Disposal C	US EPA ID Numb A D Q 5 8 Q 1 6					
7.		US EPA ID Numb					
9.	Designated Facility Name and Site Address CASMALIA P.O. BOX E. NTU Road Casmalia, CA 93429 C.A	G.State Facility's ID 48125 H.Facility's Phone					
11	. US DOT Description (Including Proper Shipping Name, Hazard	d Class, and ID Number,	12.Conta	Type	13. Total Quantity	14. Unit	l. Waste No.
а.	Hazardous Waste Liquid N.O.S. ORM-E	NA9189	001	TT	04500	G	221
b.							
c.		<u> </u>					
					A THE RESERVE AND A STREET AND A STREET		
d.							
J.	Additional Descriptions for Materials Listed Above			K,Ha	ndling Codes for	Wastes	Listed Above
	Grease 2%			I / I	V6/0	0	
	011 3% Water 90%						
18	011	And the second	N FLAM	E OR	INHALE FU	MES.	
	Water 90% Special Handling Instructions and Additional Information	OT GO NEAR OPE	ent are ful in all resp	lly and pects ir	accurately descr	ibed	Date
	Water 90% 5. Special Handling Instructions and Additional Information USE GLOVES, GOGGLES, RESPIRATOR. DO No. 1. Security of the second security of the second se	OT GO NEAR OPE	ent are ful in all resp	lly and pects ir	accurately descr	ibed n for	Date Manth Days Ye
16	Water 90% 5. Special Handling Instructions and Additional Information USE GLOVES, GOGGLES, RESPIRATOR. DO N 6. GENERATOR'S CERTIFICATION: I hereby declare that the case of the second secon	ontents of this consignm ked, and labeled, and are d national governmental	ent are ful in all resp	lly and pects ir	accurately descr	ibed n for	
16	Water 90% Special Handling Instructions and Additional Information USE GLOVES, GOGGLES, RESPIRATOR. DO N GENERATOR'S CERTIFICATION: I hereby declare that the cabove by proper shipping name and are classified, packed, mar transport by highway according to applicable international and Printed/Typed Name	ontents of this consignm ked, and labeled, and ared national governmental Signature	ent are ful in all resp	lly and pects ir	accurately descr	ibed n for	Date Month Day Ve Date Month Day Ye
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Department of Health Services

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se p	IIN FORM HAZARDOUS 1. Generator's	US EF	A ID No. M 5. 1. 0. 0. 0. 5 Docu	anifest ment No.	2.Pag 1 of	is not law.	requir	he shaded areas ed by Federal			
4.	Generator's Phone (213) 533-6677	90502			A State Manifest Document Number B. State Generator's ID						
5.	Transporter 1 Company Name J. C. Liquid Waste Disposal	6. C	US EPA ID Numb A D O 5 8 O 1 I	3 3 6 2	D.Tra		one (21	3) 268-313			
7.	Transporter 2 Company Name	8. ·	US EPA ID Numb	oer 	5000	nte Transporte Insporter's Phi					
9.	Designated Facility Name and Site Address 10. US EPA ID Number CASMALIA P.O. BOX E. NTU Road Casmalia, CA 93429 C A D O 2 O 7 A 8 1 2 5					G.State Facility's ID H.Facility's Phone					
11	US DOT Description (Including Proper Shipping Name,	Hazaro	d Class, and ID Number	12.Conta	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.			
a .	Hazardous Waste Liquid N.O.S. ORM	₽Ľ	NA9189	0 0 1	TT	0450(8	221			
b.											
 c.											
đ.						CONTRACTOR STATEMENT OF STATEME					
J.	Additional Descriptions for Materials Listed Above Alkaline Soap §\$ Grease 2%				K,Ha	indling Codes f	or Waste	s Listed Above			
77	Water 90%	ation	-Guide No. #31								
	USE GLOVES, GOGGLES, RESPIRATOR. DO NOT GO NEAR OPEN FLAME OR INHALE FUMES.										
16	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for										
	transport by highway according to applicable internation	nal and	I national governmental	l regulatio	ns.		0	Date Month Day: Y			
	Printed/Typed Name Locald Cerber		Signature	W.		July 1		1641/4			
17	7. Transporter 1 Acknowledgement of Receipt of Mat Printed/Typed Name	erials	Signature	William	San Paris Care	C.		Month Day Y			
18	Transporter 2 Acknowledgement or Receipt of Mat Printed/Typed Name	erials	Signature					Date Month Day Y			
18	Discrepancy Indication Space		<u> </u>			Marie Control (1900) C.					
2 (Facility Owner or Operator: Certification of receipt of Item 19.	hazar	dous materials covered	l by this n	nanifes	st except as no	ted in				
	Printed/Typed Name		Signature					Date Month Day Y			